

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90086 001 ***150.00

DOCUMENT # M94288

1. Corporation Name

GULFSTREAM WORLDWIDE, INC.



Principal Place of Business

4505 S GOLDENROD RD
ORLANDO FL 32822
US

Mailing Address

4505 S GOLDENROD RD
ORLANDO FL 32822
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1988

4. FEI Number

59-2918408

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 1020 62 ST NW

Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 81200

Suite, Apt. #, etc.

City & State

23 FT Lauderdale FL

City & State

28 Albuquerque NM

Zip

24 33309

Country

Zip

29 87198

Country

30

9. Name and Address of Current Registered Agent

FOSTER, TOMPKINS A.
20 NORTH ORANGE AVE.
SUITE 600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

KEELY WHITTINGTON

82 Street Address (P.O. Box Number is Not Acceptable)

1020 NW 62 ST

83

84 City

FT Lauderdale

FL

85 Zip Code

33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Keely Whittington

2-16-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WHITTINGTON, DALE
STREET ADDRESS 4505 S. GOLDENROD RD.
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE D
NAME ZIEGLER, JACK
STREET ADDRESS 4505 S. GOLDENROD RD.
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Keely Whittington
1.3 STREET ADDRESS PO BOX 81200
1.4 CITY-ST-ZIP Albuquerque, NM 87198

Change Addition

2.1 TITLE
2.2 NAME Deanne Whittington
2.3 STREET ADDRESS PO Box 81200
2.4 CITY-ST-ZIP Albuquerque, NM 87198

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Keely Whittington

2-16-99

(505) 255-5422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0101214